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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/035,914
	Filing Date	November 7, 2001
	First Named Inventor	David E. Weinstein
	Art Unit	1634
	Examiner Name	Diana B. Johannsen
Total Number of Pages in This Submission	Attorney Docket Number	5402-9

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual name	Sander Rabin MD JD Registration No. 53,498 Customer No. 41672
Signature	<i>Sander Rabin</i>
Date	January 18, 2006

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AND
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Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Art Unit	1634
Examiner Name	Diana E. Johansson
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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Customer Number:


OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD				
Address	Convergent Technology Patent Law Group Whiteman Osterman & Hanna LLP One Commerce Plaza				
City	Albany	State	NY	ZIP	12260
Country	USA				
Telephone	518 487-7683	Email	srabin1@nycap.rr.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature			
Name	David E. Weinstein		
Date	January 24, 2006	Telephone	212-543-0444

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Title	METHODS FOR DETECT ASTROCYT
Art Unit	1634
Examiner Name	Diana B. Johannsen
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Sander Rabin MD JD	53,498

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD		
Address	Converge at Technology Patent Law Group Whiteman Osterman & Hanna LLP		
City	Albany	State	NY
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Telephone	518 487-7683	Email	srabin1@nycap.rr.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		
Name	David E. Weinstein	Date
Title and Company	Chief Executive and Chief Scientific Officer G&M Inc	Telephone
		212-543-0444

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